

**EIGHTH ANNUAL REPORT**  
OF THE  
**Social Service Department**  
OF THE  
**Massachusetts General Hospital**

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**JANUARY 1, 1913, to JANUARY 1, 1914**

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## FORM OF BEQUEST

I give and bequeath to the Massachusetts General Hospital the sum of \$ .....  
with the hope that it will be used for the support of what is known as the Social Service Department of that hospital.

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## THE EMERGENCE OF THE PERSONAL

THE mechanical and the personal are closely interwoven in all good work, especially in social work. There is the perfect machine and the man behind the machine; the impressive statistics and the intrepid mortal, whose integrity and judgment determine the worth or worthlessness of every item and every column according as he decides to put the item in column A or column B. Principles, pensions, and rules of action work mechanically if they are perfect; they save endless trouble and they utilize the accumulated result of past experience. But they are no greater than the person who uses them, no more efficient than the skill of their application to new situations which react to modify them.

To compress a crooked back with a plaster jacket until the chest is straightened, sounds as mechanical as brick making. But the brick-clay doesn't protest or vary, if it is well chosen in the first place. The human material varies in every specimen and in the same specimen at different times. Moreover, it is apt to protest when squeezed in a mold unless both mold and material are chosen and handled with skill. Some patients take kindly to the rigid plaster jacket. They believe in such things and are prepared to suffer for their belief. Other patients are skeptical and half-hearted from the first. No amount of time, no frequency of refitting, is sufficient to keep them in plaster. They will not bear the pain and are doubtful of its use. The patient's brain as well as his back, his temperament as much as his tissues, must be studied and directed if the treatment is to work. It is inhumane; it is also stupid and wasteful to apply any apparatus without knowing the psychology of the candidate. The doctor has little time to study the psychology of each patient; yet what the patient most needs is an unhurried and ample explanation of the doctor's plan in detail. Hence the social worker is needed if the treatment is to succeed.

To apply apparatus (braces, trusses, foot places, plaster jackets) is really no more mechanical than to apply any rule.

In the Children's Department we have to select the mothers whom a given set of baby-feeding directions will fit. Hygienic rules fit particular people no better than ready-made clothes. They have to be fitted to the individual. Directions given according to disease alone frequently fail. The individual may be taught or influenced to bear the painful jacket or follow the rigid rule, but such teaching usually falls on deaf ears unless the teacher has first secured a personal hold on the patient.

In selecting patients for his Tuberculosis Sanitarium at Frimley, England, Dr. Patterson told me in 1908 that he "never tried to cure a fool." Careful selection at the outset, immense personal influence thereafter, are the open secret of his success — a success largely due to psychological skill.

During the past year I have been impressed anew with the dominance of psychology — personal selection, personal influence — not only in the Orthopedic and Children's Departments, but especially in Miss Harper's work with handicapped patients.

To find a one-legged job for a one-legged man needs obviously a knowledge of jobs — a knowledge which can be reduced to rules almost as rigid as a plaster jacket. But experience shows that the statistical or purely industrial factor in the problem is a minor though an essential one. The major element of success in placing the handicapped is the art of making him stay put. You can hand out a place like a prescription or a diet. But if the patient is to take it and keep it, he must be followed up and "steered" with all the psychological insight and psychological influence that the social worker can muster. The mentality of the physically handicapped, not the industrial situation, is the dominating factor in determining whether or not he can be helped to self-support. To hunt for a situation for him may so far undermine his initiative that he fails to keep it when he gets it. He must be helped to find it for himself. Again, his state of mind, while still convalescent from the injury which handicaps him, is usually influenced by a sympathizing family and by insinuating lawyers, all acting to convince him that the world owes him a job and must maintain him in idleness.

For all I know, this conviction may be true from the industrial, the economic, or any other point of view except that of character.



What is known beyond peradventure is the steady, moral degeneration of the idle handicapped,—the blind, the maimed, or the cranky. Economically and industrially it may be better, for all I know, to exclude the handicapped worker from the working world; to let him loaf or beg. But from the standpoint of character (for which alone economics and industry have value) such exclusion, voluntary or involuntary, is ruinous. Hence we fight it.

That the handicapped worker shall be kept at work, we need to counteract not only the economic and industrial forces tending to push him out, but still more the self-pity, the discouragement, the seductions of pitying friends and relatives, the lassitude accompanying his disease. To meet these forces, medicine, money, vacations, hygienic rules, good nutrition, orthopedic apparatus have some effect, but not much. Personal influence, personal teaching, and above all the fact that some one genuinely cares enough about him to take all this pains,—it is *this* that matters. It is this that occupies the social worker for the handicapped.

I prophesy that it will turn out to be the same with every new department of work that we take up. When we come to close quarters with the problem of preventing an industrial disease like lead poisoning, I believe it will turn out that a small element of success will depend on mechanical factors, such as the printing and distributing of directions telling how to avoid being poisoned. The main issues will be personal — moral. Psychology will emerge out of skin salves and throat sprays as it has already emerged out of plaster jackets. With the perception of personality will come medical efficiency far beyond that now achieved by mechanical and chemical methods alone.

## MEDICAL-SOCIAL STAFF CONSULTATIONS

Once a week in the Children's Clinic all the physicians, social workers, nurses, and students (medical and social) sit down together to talk out one of the medical and social puzzles of the past seven days. The physician in charge of the clinic presides

and presents the problems first from the medical standpoint; the social worker adds what she has individually learned of the case; then a plan for further action is discussed and worked out.

The weekly hour set aside for this conference serves to keep the physicians in touch with the quality of work done by their co-workers and assistants, to make clear to the social workers what the doctors are trying to do for the patients, to bind the whole group together as a team, to pick up dropped stitches, and to pool the knowledge of all for the benefit of each. A medical-social conference on similar lines has just been organized in the Nerve Clinic. We need far more such conferences in the other clinics if medical efficiency is to be increased.

## MEDICAL-SOCIAL TEACHING FOR HARVARD MEDICAL STUDENTS

Beginning with September, 1913, Prof. David L. Edsall has made knowledge of the social aspects of medical work a part of the training of fourth year medical students. The class is divided into groups of ten or twelve and each group is given exercises one to two hours in length on special topics such as:

1. Social causes of "debility."
2. Occupational disease.
3. Social bearing of tuberculosis.
4. The buying and preparation of food.
5. The physician's relation to the physically handicapped.
6. Alcoholism and its social bearing.
7. "Round up."

The exercises are given conjointly by members of the medical staff and of the social staff. In the final exercise we take up cases which have been investigated by the medical students in the wards and by the social workers in the home. The contrast, supplement and development of each body of knowledge by the other, is of special interest to the students.

For example, in one exercise we took up the case of a man with aneurism of the aorta who was discharged from the hospital



as incurable. After the medical history of this patient had been reviewed by one of the students, the after-care of the patient was reported by the social worker. This brought out a discussion of the care of chronic disease in institutions and at home, the function of the visiting nurse, the means of securing her services, coöperation with a priest, and the careful instruction of the family concerning the patient's diet and care. Physicians in private practice are often called upon to give such advice as was needed in this instance. Hence the discussion of such cases should be instructive to the medical student who hopes to give to his future patients the most helpful service.

### OTHER EDUCATIONAL WORK

The Social Service Department is now concerned with the training of four groups of students. During the past year these groups have been numbered as follows :

1. Harvard Medical students (4th year)	12*
2. Undergraduates from the School for Social Workers	8
3. Students in the special course in Medical-Social Work	6
4. Volunteer apprentices in social work	8

The special course in medical-social work mentioned above is offered in connection with the Boston School for Social Workers and is arranged and supervised by Miss Cannon, our head worker. It consists of ten months of practical work in our department or at the Boston Dispensary, supplemented by conferences and lectures.

Miss Parsons, Superintendent of Nurses, tells me that more and more of the nurses entering our hospital training school are attracted there in part because the hospital has come to be associated in their minds with the practice and teaching of social work. They want to get at least a glimpse of what this work is like and to include it as part of their three years' training. Such a glimpse is now given to selected nurses in two ways :

\*For the school year ending June, 1914, this number will be 48.

(a) In 1913 for the first time a nurse, especially interested in the social side of her work, was assigned by Miss Parsons to work in the Social Service Department for three months and to learn the main principles of social work. More than this, of course, she could not be expected to acquire in so short a time. This experiment proved so successful that thereafter a nurse has come to us every three months.

(b) Besides this we have had since July the services of the nurse assigned to the Children's Room every three months, not only for her actual nursing work in the clinic, but for afternoon work in the patients' homes. By her close association with the paid and volunteer social workers in clinic, visiting, and conference, she picks up much that will be of value to her after graduation.

Very possibly these experimental steps will lead in time to a closer bond between the Nurses' Training School and the Social Service Department, but we intend to avoid giving any one the impression that a nurse can learn social work in any period shorter than one year. For many even this period would be insufficient. Temperament and general education are also essential factors. College-bred women who have not yet been attracted in large numbers to the training schools for nurses will come there eagerly, I believe, when electives offering at least one year in three of pure social or medical-social work are provided.

In educational work for the general public and for non-medical social workers especially I consider that an important step was taken this year in the publication of Miss Cannon's book, "Social Work in Hospitals, a Contribution to Progressive Medicine." The book is published by the Russell Sage Foundation, 105 East 22d Street, New York City.

## OCCUPATIONAL DISEASE

In October, 1913, systematic work for the study and prevention of occupational disease (the first so far as I know in any American hospital) was begun in our department under the encouragement and supervision of Dr. David L. Edsall. Miss Cannon has



long had a special interest in this problem, but has been unable, owing to the press of other work, to devote much time to it. By the generosity of Miss Mary Morton we were enabled to employ Miss Susan M. Holton as a full-time assistant working under Miss Cannon's direction in the special field of Occupational Disease.

Miss Holton looks over the medical records of the various out-patient clinics daily, watching especially for occupations like those of *painter, rubber worker, tinsmith, or stone cutter*, that are known to lead frequently to occupational disease. She also selects for further investigation those cases wherein the physical examination suggests a possible relationship between the medical symptoms and the occupation, or wherein (to quote from Dr. Devoto of the Industrial Clinic in Milan) "unhygienic work imparts to ordinary sickness a special physiognomy." Miss Holton keeps detailed records of these cases, an accumulation of which should later furnish valuable material for research.

It is too soon to indicate definitely the scope or possibilities of this department. Already, however, the work seems to formulate itself into four plans :

1. To gather material for the study of occupational disease.
2. To prepare and submit in brief compass to the physicians of the clinics the result of intensive study of special cases.
3. To educate patients concerning the dangerous processes in particular trades and the precautions that should be observed.
4. To study where such personal advice needs to be reinforced by legislation.

The *special occupation card* that has recently been instituted in connection with all new cases in the Male Medical and Orthopedic clinics is filled out by the clinical assistants (third year Harvard Medical students). Miss Holton's special knowledge of industrial processes makes it possible for her to help these medical students to question patients more carefully as regards possible *strains, poisonings, fumes, dust, or extremes of temperature* encountered in their work.

Miss Holton is also following up in detail as many as possible of the 147 cases of lead poisoning seen at the hospital during the

past five years. A preliminary study of the medical records showed that in only 37 of the 147 records was there any special note concerning the occupation of the patient or any search for the possible source of "infection." Yet each of these patients may reveal, as many of them have already revealed, a "focus" of infection (or rather of intoxication) as valuable in preventive health work as it is to find the original source of a typhoid epidemic.

We need money for the further prosecution of this work.

### THE THREE INDEPENDENT CLINIC WORKERS

In the Children's, the Nerve, and the Orthopedic clinics our social workers have now been established on the spot for a year or more. In each clinic they have made themselves generally useful, have contributed to the order and organization of the medical work, and have done intensive social work for a limited number of patients. Both the physicians and the workers are well satisfied with the new arrangement, and have no desire to return to the old order, under which these workers had their desks in one central corridor and there interviewed the patients sent to them by the physicians of all the different clinics.

Each of the three independent clinic workers has made a preliminary survey of the total problem presented in the clinic to which she was assigned, and thereby furnished material for a more systematic organization and subdivision of the work, both medical and social, to be done there. Miss Ryther has written a review of her work for the year and an analysis of the methods used in the medico-social treatment of patients in the Neurological Department. This report will appear soon in the *Boston Medical and Surgical Journal*.

To know the size and shape of your problem is surely a good thing; but previous to these three surveys no department has known the proportion of acute to chronic cases, of cases properly to be treated in the clinic, and of those to be referred to institutions or elsewhere, the number of cases of each disease (*e.g.*, heart disease) to be treated each year, and the relation of these



figures to the number of assistants employed in the clinic. Out of these surveys has come a better grouping of cases and a better follow-up system.

The assignment of one group of cases — one disease, to one medical assistant — will probably be tried out in the Out-Patient clinics, as it has been (so successfully) tried in the surgical wards. This is only an extension of the plan initiated by Dr. J. H. Pratt when he established the “Tuberculosis Class” in 1905. A large amount of attention to a small number of cases of one disease is the formula for Dr. Pratt’s remarkable success. The principle should be carried further. The recent establishment of a special clinic for syphilis is a step in that direction.

### TUBERCULOSIS; FOLLOW-UP WORK

With assistance from Mrs. Hinton, Miss Ethel Chase, and others, Miss Farmer has just finished a study of the results of sanatorium treatment in 323 cases of pulmonary tuberculosis sent through the Social Service Department to a State Sanatorium (Rutland, North Reading, Westfield, and Lakeville) between 1906 and 1912. The details of this laborious and valuable study will soon be printed in the *Boston Medical and Surgical Journal*. Here I will allude only to three points:

1. Out of 2,564 cases of pulmonary tuberculosis which were referred to the Social Service Department from 1906 to 1912 we know of only 419, or 16.3+ per cent, who got the benefit of treatment in a state sanatorium. Approximately 83 per cent were treated (or untreated) at home. How small a part in the state’s tuberculosis problem is played by its sanatoria!

2. 46.4 per cent of the sanatorium cases are now at work and leading normal lives. 21.6 per cent more are living, but not well, although some of them are working. 32.1 per cent are dead. The time elapsed since the discharge of these patients varies from six months to seven years.

3. How much worse showing would the home-treated cases make if we were to inquire into their present condition? If the comparison could be carried out, it would certainly be illuminating.

## SEX PROBLEMS

There have been 88 new cases this year besides 31 cases carried over from previous years.

- 33 cases of pregnancy, or question of pregnancy in the unmarried.
- 23 cases of gonococcus infections, or question of such infection.
- 25 cases of syphilis, or question of syphilis.
- 3 cases of miscarriage.
- 1 case after confinement.
- 2 other cases involving moral problems.
- 1 case of adenoids (child of another patient).

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88

As time goes on it becomes more evident that work in the Sex Department should broaden its field of intake if it is to reach its fullest measure of usefulness. There are many patients in the Out-Patient Department who do not come to the special clinics particularly connected with the sex work, but present, nevertheless, moral problems which may be the hidden rock beneath a current of misery. In such instances this department hopes to be of help, and with the sympathy that the knowledge of such danger brings to point out a safer channel for the steering of these lives.

Another opportunity for service should lie in extending the offer for advice and counsel to women and girls who have not yet come to the hospital clinics for treatment. In a number of cases this has been done. Friends of the clinic patients have been brought to Mrs. Smith, our special worker, for help. A friendly understanding is all that many of these women need to give them a new vision of personal responsibility, and after such a talk they are willing to come for treatment if needed. Here the Social Service Department becomes the introduction to the Hospital clinics. This work could be extended were the fact known that records are no longer made of the personal problems which these women and girls bring to the Sex Department. A change has been made in this respect this year. The records



now show only the superficial history of the patient — the intimate story of each life is not recorded. This departure brings a realization of personal trust and secrecy and makes possible many confidences in the name of friendship, not honestly claimed where a record must be kept.

The department is trying to get data regarding old cases to answer the question: "How many babies of unmarried mothers are now alive and under what conditions are they living?" A study of one year's cases by a volunteer worker (the year 1910) has brought the following report: \*

During the year 1910 we advised 41 unmarried girls who were pregnant, or in whom there was a question of pregnancy or miscarriage; also one patient who had had an illegitimate child, making a total of 42.

We have eliminated from this report 19 cases in which there was no child to be cared for. These are divided as follows:

- 5 cases of probable abortion.
- 1 case of miscarriage (possibly abortion).
- 1 case of diagnosis miscarriage before coming to department.
- 2 cases of extra-uterine pregnancy (operation).
- 1 patient who died before child was born.
- 2 cases of "question of pregnancy."
- 1 patient pregnant, but unfriendly to department.
- 6 patients lost to department.

Of the twenty-three remaining cases some have remained under the care of other agencies and societies. The following statistics have been obtained on these to date:

- 7 babies well and still living with mothers.
- 5 babies well and living with mothers at last report.
- 2 babies adopted.
- 2 babies boarded out.
- 6 babies died shortly after birth.
- 1 baby still-born.

Of the babies adopted one is reported living with foster-parent; both babies are well and happy at present date.

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\*It is hoped that this investigation may be continued to cover all back records it is possible to trace.

Of the two babies boarded out one, living in Maine, is well at last report (October, 1913). The other child in care of State Minor Wards, well at present time.

Of the 12 babies living with their mothers, the following statistics are interesting: mothers married, 9; unmarried, 3. Babies with mothers who married father of child, 5; with mothers who married another man, 4.

The value of these statistics lies chiefly in the hope that when we have enough data we may be able to answer intelligently some of the questions that social workers now have to answer in the dark. We shall be in a position to know whether keeping mother and child together at house work is too great a strain to the mother and a hindrance to the child, whether we assume too easily that the unmarried mother can bear the same burden of work in the face of the world's censure that the married woman does in her own home, whether our efforts to encourage maternal responsibility are always best for the child (how about the adopted babies?), whether results are sometimes better when a girl boards her baby and does the work for which she is fitted?

We have much to learn. We are hoping — by such statistics — to learn it.

## THE KING'S CHAPEL BUREAU FOR THE HANDICAPPED

Two points of especial interest:

1. Miss Hogan's workshop for crippled sewing women.
2. The placement of patients at wages aggregating over six times the salary of the worker who placed them, — a salary investment earning 600 per cent on the money!

The dream of Miss Lucy Hogan, a crippled seamstress (who came under our ken in 1909), was to establish a workshop for crippled sewing women, there to teach and supervise them herself. Her own sufferings and what she has learned of dressmaking despite them, fits her, she believes, to teach others similarly afflicted. The burning desire to make her own hard experiences bear fruit in special tenderness and guidance for others, lights



up her personality. Under the expert and extraordinarily resourceful guidance of Miss Harper this dream of Miss Hogan's is now fulfilled. At first her shop, though it employed, trained, and sent out three crippled girls, was not self-supporting. Now through Miss Harper's instruction and management the establishment is entirely self-supporting during some parts of the year — nearly so at others. How few educational institutions can say the same!

The monthly earnings of those for whom permanent employment has been secured and held amount to \$648. Most of these persons placed had been unable to find work of any sort by their own efforts. The test of the usefulness in helping people to find jobs is in the length of time which positions are held after being secured. Realizing that a handicapped person has somewhat lost his grip, a long period of "after care" is necessary in many cases, if permanency is to be assured.

The Cement Shop for crippled or convalescent patients, established by the Hospital itself in October, 1913, in the basement of the Out-Patient Department, has no organic connection with Miss Harper's work, but provides a further remunerative resource for handicapped men. With the organization of this work the Modeling Class described in previous reports has been discontinued. Some of its members are attending a similar class at the North Bennett Street School.

### CHANGES IN STAFF

Miss Laura A. Beaton, our first worker in the Children's Room, left us at the end of the summer to be married. Her place is hard to fill.

(Signed)

RICHARD C. CABOT,

*For the Supervisory Committee.*

## STATISTICS FOR 1913

	1913	1912	1913	1912	1913	1912
	Old *		New		Totals	
Children's Clinic Social Service.....	201	---	579	---	780	---
Orthopedic Clinic Social Service.....	133	---	183	---	316	---
Nerve Clinic Social Service.....	207	---	131	---	338	---
Sex Problems.....	31	---	88	---	119	---
General work.....	652	---	758	---	1,410	---
Totals .....	1,224	498	1,739	1,388	2,963	1,886

\* Carried over from previous year.

### Further Analysis of New Cases in Special Clinics

#### Children's Clinic

Feeding cases.....	228	Digestive diseases .....	6
Heart disease.....	103	Skin disease .....	5
Rachitis .....	70	Debility .....	5
Chest conditions (other than tu- berculosis).....	36	Diseases of kidney .....	5
Vaginitis .....	25	Anæmia .....	4
Mental defect.....	17	Diseases of eye .....	4
Tubercular Adenitis .....	13	Wrong posture.....	3
Throat conditions.....	13	Deferred diagnoses .....	5
Phthisis.....	11	Miscellaneous .....	26
		Total .....	579

#### Orthopedic Clinic

Bone tuberculosis.....	37	Back strain .....	21
Back .....	14	Foot strain .....	17
Hip .....	14	Old infantile paralysis .....	14
Other sites.....	9	Scoliosis.....	14
Arthritis.....	50	Old fractures .....	7
Infectious .....	21	Miscellaneous.....	23
Hypertrophic .....	19	Total .....	183
Atrophic .....	1		
Other types.....	9		

#### Nerve Clinic

Neuroses .....	29	Organic brain disease .....	8
Organic cord disease.....	25	Organic peripheral disease .....	5
Psychoneuroses .....	19	Unclassified (diseases other than nerve).....	19
Mental defects.....	15	Total .....	131
Psychoses .....	11		

#### Sex Problems

Pregnancy in unmarried .....	32	Question of syphilis.....	3
Syphilis .....	22	Miscarriage.....	3
Gonococcus infections .....	12	Question of pregnancy in unmar- ried .....	1
Question of gonococcus infections	7	Miscellaneous.....	4
Gonococcus infection with syphilis also .....	4	Total .....	88



## TREASURER'S REPORT

January 1, 1913, to January 1, 1914

RECEIPTS		EXPENDITURES	
Cash on hand Jan. 1, 1913		Social Service	
	\$1,437.70		
Social Service		Salaries -----	\$8,521.42
Donations* -----	10,150.27	Special purposes -----	3,367.83
Special purposes -----	3,399.90	Loans -----	309.66
Loans -----	268.00	Miscellaneous -----	387.90
Miscellaneous -----	60.13	Traveling -----	223.33
Salaries (refund) -----	22.14	Supplies -----	764.35
		Children's Clinic	
Children's Clinic		Salaries -----	2,199.88
Donations -----	1,200.00	Heart cases -----	2,112.00
Heart cases -----	1,981.75	Special purposes -----	142.40
		Traveling, etc. -----	80.62
		Balance -----	410.50
	<hr/>		<hr/>
	\$18,519.89		\$18,519.89

FRANCIS P. SEARS,  
Treasurer.

## AUDITOR'S STATEMENT

40 STATE STREET, BOSTON,  
January 12, 1914.

FRANCIS P. SEARS, ESQ.,  
*Treasurer of the Social Service Department,  
Massachusetts General Hospital.*

*Dear Sir:* As requested I have audited the books of the above-mentioned department for the year 1913 and report as follows:

I added the cash book, examined and checked all vouchers, and found that the balance of cash on hand Dec. 31, 1913, was \$410.50, which was the amount required. I checked all postings from the cash book and journal to the ledger, added the ledger, and checked the balance sheet, which is correct and truly represents the condition of the department at the close of the year to the best of my knowledge and belief.

Yours very respectfully,

ANDREW STEWART,  
Certified Public Accountant.

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\* Includes \$1.356.27 the net profits of amateur theatricals arranged for by Mrs. F. B. Talbot and a group of volunteer assistants, to all of whom our special thanks are due.

## DONATIONS FOR THE GENERAL WORK

Mrs. Edgar O. Achorn.....	\$5.00	Mr. Charles A. Dean.....	\$100.00
Mr. Edward B. Alford.....	10.00	Miss Rose L. Dexter.....	15.00
Miss Martha A. Alford.....	100.00	Judge Frederic Dodge.....	100.00
Mrs. O. H. Alford.....	10.00	Mrs. Charles F. Dole.....	5.00
Mrs. B. J. Allan.....	25.00	Miss Louisa Loring Dresel....	5.00
Miss Mary S. Ames.....	25.00	Mr. Francis S. Eaton.....	10.00
Mr. Edward R. Andrews.....	20.00	Miss Mary J. Eaton.....	25.00
Mr. Albert E. Angier.....	25.00	Mrs. Robert W. Emmons.....	10.00
Miss Maud E. Appleton.....	10.00	Mr. William Endicott.....	50.00
Miss Ellen S. Bacon.....	5.00	Mrs. Glendower Evans.....	25.00
Mr. Edmund D. Barbour.....	25.00	Miss Alice Farnsworth.....	10.00
Miss Mary H. Bartlett.....	10.00	Mrs. H. H. Fay.....	30.00
Miss E. H. Bartol.....	50.00	Mrs. Lawrence C. Fenno.....	25.00
Mrs. J. W. Bartol.....	10.00	Mr. R. G. Fessenden.....	10.00
Mrs. Herbert Beech.....	5.00	Dr. R. H. Fitz.....	10.00
Miss Adeline A. Bigelow.....	3.00	Mrs. W. Scott Fitz.....	850.00
Dr. W. S. Bigelow.....	20.00	Dr. Elisha Flagg.....	25.00
Mrs. G. H. Binney, Jr.....	10.00	Miss Olive N. Fobes.....	10.00
Mrs. Wilmon Blackmar.....	5.00	Mrs. Ralph E. Forbes.....	15.00
Mrs. Arthur W. Blake.....	10.00	Miss Eugenia B. Frothingham...	5.00
Mrs. Francis Blake.....	20.00	Mr. Louis A. Frothingham...	10.00
Miss Marian L. Blake.....	10.00	Mr. Robert H. Gardiner.....	25.00
Mrs. S. Parkman Blake.....	10.00	Mr. George P. Gardner.....	25.00
Mrs. John L. Bremer.....	25.00	Mr. George A. Goddard.....	25.00
Miss Sarah F. Bremer.....	25.00	Dr. J. E. Goldthwait.....	10.00
Mrs. Shepard Brooks.....	300.00	Miss Harriet Gray.....	75.00
Mrs. Atherton T. Brown.....	10.00	Miss Isa E. Gray.....	25.00
Brown, Durrell Company.....	25.00	Mrs. Reginald Gray.....	25.00
Mrs. E. B. Bryant.....	50.00	Mr. Charles P. Greenough.....	10.00
Miss Katherine E. Bullard....	20.00	Miss Ruth M. Greenough.....	3.00
Mrs. Wm. S. Bullard.....	20.00	Mr. Edw. W. Grew.....	10.00
Mr. and Mrs. Allston Burr....	10.00	Mrs. H. S. Grew.....	20.00
Mr. J. R. Carter.....	10.00	Mrs. Paul M. Hamlen.....	5.00
Mr. Richard B. Carter.....	5.00	Dr. F. B. Harrington.....	5.00
Miss L. W. Case.....	50.00	Mr. Augustus Hemenway, Jr....	25.00
Mr. Horace D. Chapin.....	10.00	Miss Clara Hemenway.....	100.00
Chase & Sanborn.....	25.00	Mrs. F. L. Higginson.....	50.00
Mrs. B. Preston Clark.....	25.00	Mrs. John Homans.....	10.00
Mr. Henry Martyn Clark.....	2.00	Miss Sarah H. Hooker.....	3.00
Mrs. John T. Clark.....	10.00	Mr. Clement S. Houghton....	25.00
Mrs. George O. G. Coale.....	10.00	Mr. Elmer P. Howe.....	25.00
Miss Catherine A. Codman....	25.00	Miss Fanny R. Howe.....	12.00
Miss Helen Collamore.....	10.00	Mr. Henry S. Howe.....	50.00
Mrs. Algernon Coolidge, Sr....	10.00	Mr. James S. Howe, Jr.....	5.00
Mrs. Harold J. Coolidge.....	25.00	Mr. Charles W. Hubbard.....	10.00
Mrs. J. Randolph Coolidge....	20.00	Mr. Henry S. Hunnewell.....	50.00
Mr. Charles E. Cotting.....	25.00	Mr. Walter Hunnewell.....	20.00
Mrs. S. V. R. Crosby.....	20.00	Mrs. C. C. Jackson.....	25.00
Mrs. C. P. Curtis.....	100.00	Miss Margaret M. James.....	10.00
Mrs. Hall Curtis.....	10.00	Mr. David P. Kimball.....	25.00
Miss Mary Curtis.....	5.00	Mr. Charles A. King.....	20.00
Mr. Grafton D. Cushing.....	10.00	Mrs. Horatio A. Lamb.....	25.00
Mrs. Eben Dale.....	5.00	Mrs. G. M. Lane.....	10.00
Mrs. Charles H. Dalton.....	25.00	Miss Sarah Lawrence.....	5.00
Mr. Henry R. Dalton.....	10.00	Mr. George C. Lee.....	50.00
Miss M. Corinne Dana.....	5.00	Mrs. Joseph Lee.....	100.00
Mr. Ernest B. Dane.....	50.00	Mrs. Percival H. Lombard....	20.00
Mrs. Geo. Howe Davenport....	10.00	Mr. Augustus P. Loring.....	25.00
Mrs. Joseph E. Davis.....	10.00	Judge Wm. Caleb Loring.....	10.00
Mr. Frank A. Day.....	25.00	Miss M. B. Lothrop.....	15.00



Mrs. T. K. Lothrop .....	\$50.00	Miss Evelyn G. Sears .....	\$25.00
Mrs. C. T. Lovering .....	10.00	Mr. Francis P. Sears.....	125.00
Mr. and Mrs. F. C. Lowell ...	20.00	Dr. Henry F. Sears .....	25.00
Mrs. George G. Lowell.....	20.00	Dr. Frederick C. Shattuck....	100.00
Miss Georgina Lowell .....	10.00	Mrs. G. H. Shaw.....	25.00
Miss Lucy Lowell.....	10.00	Mrs. R. G. Shaw.....	25.00
Mr. Arthur T. Lyman.....	100.00	Miss Emily E. Shepard.....	5.00
Mr. Henry Lyman.....	100.00	Mr. Francis Skinner .....	100.00
Mr. Herbert Lyman.....	5.00	Mrs. J. N. Smith.....	20.00
Miss Julia Lyman .....	100.00	Dr. F. P. Sprague .....	50.00
Miss Mabel Lyman.....	20.00	Mrs. S. E. Sprague .....	25.00
Mr. and Mrs. Ronald T. Ly-		Mrs. R. M. Staigg .....	5.00
man .....	15.00	Mrs. Robert H. Stevenson ...	10.00
Miss Susan C. Lyman, Jr. ....	10.00	Mr. E. G. Stillman.....	10.00
Miss E. F. Mason.....	200.00	Dr. Edward Clark Streeter ...	10.00
Miss Fanny P. Mason .....	2,000.00	Miss Alice Maud Sturgis .....	10.00
Miss Frances S. Mead.....	250.00	Mrs. J. A. Swan .....	25.00
Mrs. Daniel Merriman .....	10.00	Mrs. Charles W. Taintor .....	5.00
Mrs. R. S. Minot.....	5.00	Mrs. J. G. Thorp.....	15.00
Miss Madeline Curtis Mixter...	10.00	Mrs. W. W. Vaughan .....	5.00
Dr. S. J. Mixter.....	10.00	Mrs. Alexander F. Wadsworth ..	25.00
Miss Frances R. Morse .....	25.00	Mr. Charles C. Walker .....	50.00
Mr. and Mrs. Frederick S.		Mr. Bentley W. Warren .....	10.00
Moseley .....	50.00	Dr. J. Collins Warren .....	10.00
Dr. Chauncey W. Norton .....	50.00	Mr. William P. Wharton .....	100.00
Miss Ethel L. Paine.....	10.00	Mr. John W. Wheelwright ...	25.00
Miss Eleanor S. Parker.....	15.00	Dr. Charles J. White .....	5.00
Mrs. H. Parkman .....	5.00	Mrs. Charles T. White .....	15.00
Mr. Robert S. Peabody.....	10.00	Miss Gertrude R. White.....	10.00
Mrs. W. Rodman Peabody ...	10.00	Mr. George Wigglesworth....	50.00
Mr. Charles L. Peirson.....	25.00	Mrs. Moses Williams, Jr. ....	10.00
Mr. F. T. Pfaelzer .....	5.00	Mrs. Frederic Winthrop.....	50.00
Mrs. Burr Porter.....	10.00	Miss Mary Woodman.....	25.00
Mrs. A. S. Porter, Jr. ....	25.00	Miss Charlotte W. Young ...	10.00
Mrs. George Putnam.....	5.00	"Anonymous" .....	10.00
Mrs. N. Rantoul.....	50.00	"Anonymous" .....	25.00
Mrs. Wm. H. Reed .....	25.00	"A Friend" .....	1.00
Miss Annie T. Rice.....	100.00	"A Friend" .....	10.00
Mrs. F. L. W. Richardson....	10.00	"A Friend" .....	25.00
Mrs. John Richardson, Jr. ....	50.00	"A Friend" .....	50.00
Mr. Roswell R. Robinson .....	10.00	"A Friend" .....	100.00
Mrs. Robert S. Russell .....	25.00	"A Friend" .....	150.00
Mrs. Richard M. Saltonstall ...	50.00	"Nahant" .....	10.00
Mr. Robert Saltonstall .....	25.00	"S" .....	50.00
Dr. C. L. Scudder.....	5.00	Proceeds from theatricals .....	1,356.27
Miss Annie L. Sears.....	10.00		

### Contributions for Special Purposes

American Invalid Aid Society	\$32.52	Bellingham Methodist Church	\$1.75
Associated Charities (Boston)	89.17	The A. W. Blake Fund.....	200.00
Associated Charities (Cam-		Boston Federation Young Peo-	
bridge) .....	9.49	ple's Religious Unions:	
Associated Charities (Lynn)...	19.00	Comfort Carriers' Club...	14.00
Associated Charities (Newton)	2.50	Friendly Service Commit-	
Associated Charities (Pitts-		tee .....	40.00
field) .....	14.75	Boston Provident Association	162.64
Associated Charities (Quincy)	13.00	British Charitable Society ....	17.00
Associated Charities (Taun-		Brookline Friendly Society ...	14.75
ton) .....	3.50	* Miss Clara Brooks .....	300.00
Avon Home .....	2.00	Rev. J. Higginson Cabot .....	1.63
* Mr. Robert H. Bancroft ....	25.00	Dr. Richard C. Cabot .....	193.25

Cambridge Anti-Tuberculosis Society .....	\$7.50	Lend-a-Hand Society (Brookline) .....	\$12.72
Miss Georgina Carey .....	5.00	Dr. H. C. Low .....	15.60
Rev. Clark Carter .....	14.89	Miss Susan C. Lyman, Jr. ....	18.60
Cecelian Guild .....	13.86	Dr. Theo. E. A. McCurdy .....	5.00
Mrs. Winthrop Chenery .....	10.00	Mrs. Charles E. Mason .....	438.50
Mrs. Louis M. Clark .....	2.50	Miss Frances S. Mead .....	25.00
Mrs. Isabella Fiske Conant .....	10.00	Mrs. Annie W. Morton .....	8.50
Dr. J. C. Connell .....	5.00	Miss Mary Morton .....	250.00
Dr. J. J. Curtin .....	1.63	Rev. R. Neagle .....	8.50
Dr. F. Edwin Davis .....	18.00	Rev. James J. O'Reilly .....	5.50
Rev. Austin Doherty .....	6.00	Dr. Robert B. Osgood .....	5.00
Dorchester Relief Society ....	13.95	Overseers of the Poor .....	40.00
Through Miss Amy B. Edmond ..	11.00	Paine Fund .....	2.50
Through Miss Ellen T. Emerson .....	30.00	Dr. Thomas W. Patrick .....	5.00
Mrs. William E. Emery .....	23.00	Mr. G. I. Peavy .....	20.00
Mrs. H. C. Flower .....	5.00	Miss Ada S. Peirce .....	25.00
Miss Olive N. Fobes .....	10.00	Mr. Don J. Pinheiro .....	1.00
Mrs. Charles J. Gale .....	20.00	Mrs. Alexander S. Porter, Jr. ..	192.00
Dr. Cornelius N. Garland .....	5.00	Dr. Benj. E. Robinson .....	5.00
Mrs. Henry S. Grew .....	50.00	Miss Cornelia B. Rodman .....	225.00
Miss Helen Grozier .....	5.00	Salvation Army .....	25.00
Gwynne Home .....	13.00	Scottish Charitable Society ...	5.00
Dr. Columbus W. Harrison .....	5.00	* Miss Mary P. Sears .....	50.00
Hebrew Benevolent Association .....	103.40	* Miss Anna D. Slocum .....	100.00
Rev. Augustine F. Hickey .....	8.00	* Smith College Alumnæ .....	5.00
Rev. Patrick Higgins .....	3.50	Dr. John Jay Smith .....	5.00
Mrs. Arthur Holland .....	5.00	Somerville Charity Club .....	1.75
Mrs. J. Sullivan Howe .....	100.00	Mr. Romney Spring .....	60.00
Jamaica Plain Friendly Society ..	7.00	State Board of Charity .....	3.50
Miss Margaret James .....	6.00	Mrs. J. N. Titchell .....	2.50
Mrs. Robinson James .....	1.00	Trinity Church .....	15.00
Jewish Children's Aid Society ..	25.00	Amherst H. Wilder Charity ..	25.00
Rev. B. F. Killilea .....	2.15	Woman's Society, Temple Israel .....	6.00
Mr. J. Koshland .....	10.00	"Anonymous" .....	.40
Lend-a-Hand Society (Boston) ..	28.00	"Anonymous" .....	5.00
Lend-a-Hand Society (Bridge-water) .....	35.00	"Anonymous" .....	7.00

### Contributions for Special Purposes, Children's Clinic

Gwynne Home .....	\$376.42	Dr. Fritz B. Talbot .....	\$190.40
From parents .....	204.60	Mr. George N. Talbot .....	963.33
Mrs. Charles E. Mason .....	1,200.00	A friend .....	2.00
State minor wards .....	53.50		

\* For the work in the Nerve Clinic.



## SUPERVISORY COMMITTEE

Dr. Richard C. Cabot, Chairman  
Mr. Francis P. Sears, Treasurer  
Mr. J. A. Lowell Blake  
Mr. Jeffrey R. Brackett  
Dr. Daniel F. Jones  
Dr. Roger I. Lee

Mrs. William H. Lothrop  
Dr. Robert B. Osgood  
Dr. James J. Putnam  
Dr. Fritz B. Talbot  
Mrs. Nathaniel Thayer  
Dr. Frederic A. Washburn

### Staff of Social Workers

Miss Ida M. Cannon, Head Worker

### Children's Clinic

Miss Clara May Welsh      Miss Laura A. Beaton      Miss Sybella T. Haviland  
(half-time, January to July)

### Nerve Clinic

Miss Margherita Ryther      Miss Katharine Burrage, Teacher of  
Miss Alice Cunningham, Stenog-      Clay Modeling Class (January to  
rapher, (half-time)      June)

### Orthopedic Clinic

Miss Sarah C. Grant

### General Work

Miss Gertrude L. Farmer      Mrs. Ada Hinton  
Miss Ellen C. Yancey      Miss Juliette M. Ryan (half-time)  
Mrs. Edith Livingston Smith, Special Worker on Sex Problems  
Miss Susan M. Holton, Special Worker in Occupational Disease

### Bookkeeper and Stenographer

Miss Helen A. Sawyer

### Assistant Stenographer

Miss Freda I. Ridlon

### King's Chapel Committee for the Handicapped

Miss Grace S. Harper  
Miss Eleanor Wheeler, Voluntary Secretary to Miss Harper

### Volunteers

Miss Margaret Walch  
Miss Florence Brichard

Miss Dorothy White  
Mr. Fred C. Thorne

## STAFF OF VOLUNTEERS

### Students from School for Social Workers

Miss Margaret Bradley  
Miss Eleanor Burnham  
Miss Marion D. Ellis  
Miss Mary S. MacInnes

Miss Grace E. Miller  
Miss Nellie J. Oisen  
Miss Mary J. Ross  
Miss Ada W. Simpson

## Staff of Volunteers -- continued

### Special Students in Medical Social Service Course

Miss Isa M. Cole  
Miss Amy Hamburger  
Miss Irene Hayward

Mrs. Bess L. Russell  
Miss Juliette M. Ryan  
Miss Ada W. Simpson

### Pupil Nurses from Training School

(Three months' course)

Miss Susan M. Holton  
Miss Helen J. Nivison

Miss Ramona C. Dunbar  
Miss Ethel E. Goss

### Children's Clinic

Miss Dorothy Dole

Pupil Nurses from Training School (half-time for three months)

Miss Josephine A. Mulville

Miss Ruth Railey

### Nerve Clinic

Mrs. Lucy Hallowell  
Miss Susan C. Lyman, Jr.

Miss Esther Bacon  
Miss Sybil Marsh  
Miss Rosamond Clark

### Orthopedic Clinic

Miss Helen L. Buss  
Miss Adelaide Greene

Mrs. Harry C. Low  
Miss Mary C. Nickerson  
Miss Helen Grozier, Stenographer (half-time)

### Sex Problems

Miss M. M. Brackett  
Mrs. Walter A. Conant

Mrs. A. P. Garrett  
Mrs. Marie Gallison

### Occupational Disease

Mrs. G. H. Roosevelt

Mrs. Lewis Hackett

### General Work

Miss Ethel Cabot  
Miss Marjory Cabot  
Miss Ethel W. Chase  
Miss M. Cameron  
Miss Amy B. Edmond  
Miss Margaret M. Elder  
Miss Martha Eliot  
Miss Marion Farnsworth  
Miss Fanny Frank  
Miss J. M. Heyl  
Miss Helen Homans

Miss Margaret James  
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